

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2016 OF THE CONDITION AND AFFAIRS OF THE

HealthLink HMO, Inc.

NA	AIC Group Code 0671 0671 NA (Current) (Prior)	AIC Company Code	96475 Employer's ID Nur	nber <u>43-1616135</u>
Organized under the Laws of	Missouri	, State	of Domicile or Port of Entry	Missouri
Country of Domicile		United States of Ame	erica	
Licensed as business type:	H	ealth Maintenance Orga	anization	
Is HMO Federally Qualified?	Yes [] No [X]			
Incorporated/Organized	07/29/1992	Cor	nmenced Business	01/14/1993
Statutory Home Office	1831 Chestnut Street			Missouri , US 63103-2275
	(Street and Number)		(City or Town,	State, Country and Zip Code)
Main Administrative Office		1831 Chestnut Stre (Street and Number		
	St. Louis , MO, US 63103-2275		,	314-923-4444
(City o	r Town, State, Country and Zip Code)		(Area Co	de) (Telephone Number)
Mail Address	120 Monument Circle (Street and Number or P.O. Box)			napolis , IN, US 46204 State, Country and Zip Code)
Drimon, Location of Docks on	,	120 Manument Cir	, ,	catalo, country and zip coucy
Primary Location of Books an	d Records	120 Monument Cir (Street and Number		
(City o	Indianapolis , IN, US 46204 r Town, State, Country and Zip Code)		(Area Co	317-488-6716 de) (Telephone Number)
Internet Website Address	,	www.healthlink.co	•	,(,
	The Man	www.neaitiiiiik.co		047 400 0740
Statutory Statement Contact	Tim Niccum (Name)		,(Are	317-488-6716 ea Code) (Telephone Number)
	Tim.Niccum@anthem.com (E-mail Address)	,		317-488-6169 (FAX Number)
	(E mail / tddiess)	05510550		(1700 Halliber)
President	Steven John Martenet	OFFICERS	Treasurer	Robert David Kretschmer
	Kathleen Susan Kiefer		Assistant Secretary	
		OTHER		
Eric (Rick) Kenneth No	bble, Assistant Treasurer Keith	David McDaniel #, Valu	uation Actuary	
Ronald Willi	DI am Penczek #	RECTORS OR TRU Steven John Marte		Catherine Irene Kelaghan
				Carronno nono riolagram
State of	Indiana SS:			
County of	Marion			
all of the herein described as statement, together with relat condition and affairs of the sa in accordance with the NAIC rules or regulations require respectively. Furthermore, the	sets were the absolute property of the said ed exhibits, schedules and explanations there id reporting entity as of the reporting period si Annual Statement Instructions and Accountir differences in reporting not related to account the scope of this attestation by the described of the scope of this attestation by the described of the scope of this attestation by the described of the scope of this attestation by the described of the scope of this attestation by the described of the scope of	reporting entity, free are in contained, annexed tated above, and of its in g Practices and Proce bunting practices and officers also includes the	nd clear from any liens or cla or referred to, is a full and true nd from and deductions theref dures manual except to the e procedures, according to the related corresponding elect	entity, and that on the reporting period stated above ims thereon, except as herein stated, and that this e statement of all the assets and liabilities and of the rom for the period ended, and have been complete extent that: (1) state law may differ; or, (2) that state be best of their information, knowledge and belief cronic filing with the NAIC, when required, that is an quested by various regulators in lieu of or in addition
Steven John M Presider		Kathleen Susan Kie Secretary		Robert David Kretschmer Treasurer
Subscribed and sworn to before Sixth day of Rita F. Gentry			Is this an original filing? If no, 1. State the amendment nur 2. Date filed	nber
Executive Admin Assistant I January 17, 2021				

ASSETS

	_		Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
- 1	Danda		0	` '	
1.	Bonds	14,946,269	LU	14,940,209	14,950,215
2.	Stocks:			_	
	2.1 Preferred stocks				0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
				0	0
	encumbrances)			0	0
	4.2 Properties held for the production of income (less				
	\$encumbrances)			0	0
	4.3 Properties held for sale (less \$				
	encumbrances)			0	0
5.	Cash (\$(5,026,705)), cash equivalents				
٥.					
	(\$) and short-term				
	investments (\$492,496)				4,453,508
6.	Contract loans (including \$ premium notes)			0	0
7.	Derivatives			0	0
8.	Other invested assets			0	0
9.	Receivables for securities				0
10.	Securities lending reinvested collateral assets				0
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	10,412,060	0	10,412,060	19,403,723
13.	Title plants less \$ charged off (for Title insurers				
	only)			0	0
14.	Investment income due and accrued	21,744	0	21,744	22,216
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection.			0	0
	· -				0
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	0
				0	0
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts			0	0
	Amounts receivable relating to uninsured plans				7,012,391
18.1	Current federal and foreign income tax recoverable and interest thereon			0	0
18.2	Net deferred tax asset	7,082	0	7,082	10,352
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software				0
	Furniture and equipment, including health care delivery assets				
21.					•
	(\$				0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates	225,738	0	225,738	219,596
24.	Health care (\$) and other amounts receivable			0	0
25.	Aggregate write-ins for other than invested assets	4,550	4,550	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
20.	Protected Cell Accounts (Lines 12 to 25)	19,697,095	28,935	19,668,160	26,668,278
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts			0	0
28.	Total (Lines 26 and 27)	19,697,095	28,935	19,668,160	26,668,278
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.			_		
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	Provider admin fee receivable	4,550	4,550	0	0
2502.					
2503.	0		^	0	
2598.	Summary of remaining write-ins for Line 25 from overflow page		0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	4,550	4,550	0	0

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAP	, ,	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)			0	0
2.	Accrued medical incentive pool and bonus amounts			0	0
3.	Unpaid claims adjustment expenses			0	0
4.	Aggregate health policy reserves, including the liability of	,			
4.	\$0 for medical loss ratio rebate per the Public				
	Health Service Act			0	0
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserve			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance			0	0
9.	General expenses due or accrued	976,096	0	976,096	666,933
10.1	Current federal and foreign income tax payable and interest thereon	,		,	,
10.1	(including \$ on realized gains (losses))	1 200 252	0	1 200 252	270,828
					•
10.2	Net deferred tax liability			0	0
11.	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others				0
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)			0	0
15	Amounts due to parent, subsidiaries and affiliates			21,361	31,903
15.				•	
16.	Derivatives			0	0
17.	Payable for securities				0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$				
0.	companies			0	0
24	•				0
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	3,880,141	0	3,886,141	4,202,212
23.	Aggregate write-ins for other liabilities (including \$				
	current)			175,871	
24.	Total liabilities (Lines 1 to 23)	6,359,721	0	6,359,721	5,371,237
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX	1,000	1,000
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	10,808,439	18,797,041
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$)	XXX	XXX		
	32.2 shares preferred (value included in Line 27				
	\$)	YYY	YYY		
22	Total capital and surplus (Lines 25 to 31 minus Line 32)			13,308,439	
33.					
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	19,668,160	26,668,278
	DETAILS OF WRITE-INS				
2301.	Escheat payable	6,555		6,555	72,227
2302.	Other liabilities	169,316		169,316	127, 134
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page			0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	175,871	0	175,871	199,361
1		· ·	_		·
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.		XXX	XXX		
3002.					
3003.					
					_
3098. 3099.	Summary of remaining write-ins for Line 30 from overflow page				0
	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REV	Curre	nt Year Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX		Total	rotai
2.	Net premium income (including \$ non-health				
	premium income)	XXX			
3.	Change in unearned premium reserves and reserve for rate credits				
4.	Fee-for-service (net of \$ medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues			19,830	48,312
7.	Aggregate write-ins for other non-health revenues				0
8.	Total revenues (Lines 2 to 7)			19,830	48,312
	Hospital and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)	0	0	0	0
	Less:				
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)	0	0	0	0
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$495, 124 cost				
	containment expenses				
21.	General administrative expenses		(5,030,893)	(5,668,400)	(11, 181, 878
22.	Increase in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)				0
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				10,125,287
25.	Net investment income earned		123,707	122,038	255,525
26.	Net realized capital gains (losses) less capital gains tax of				
	\$				
27.	Net investment gains (losses) (Lines 25 plus 26)	0	123,707	122,038	255,525
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
	(amount charged off \$)])]				
29.	Aggregate write-ins for other income or expenses	0	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	4.676.395	5,322,823	10,380,812
31.	Federal and foreign income taxes incurred				2,568,839
32.	Net income (loss) (Lines 30 minus 31)	XXX	3,045,234	3,481,034	7,811,973
02.	DETAILS OF WRITE-INS	7001	2,212,221	2,121,121	.,,
0601.	Provider admin fees	YYY	18 907	19 830	48,312
0602.		XXX		10,000	
0603.					
				0	
0698.	Summary of remaining write-ins for Line 6 from overflow page		18,907	10.020	48,312
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	· · ·	19,830	40,312
0701.					
0702.			·]		
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page				0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.			-		
1402.			-		
1403			-		
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.					
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0		0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	PENSES (Sontinue	
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	21,297,041	13,507,734	13,507,734
34.	Net income or (loss) from Line 32	3,045,234	3,481,034	7,811,973
35.	Change in valuation basis of aggregate policy and claim reserves	-		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(3,271)	219,947	(15,643)
39.	Change in nonadmitted assets	6,526	(675,706)	(7,022)
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles.			
44.	Capital Changes:			
	44.1 Paid in	0	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders	(10,000,000)		
47.	Aggregate write-ins for gains or (losses) in surplus	(1,037,092)	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	(7,988,603)	3,025,275	7,789,307
49.	Capital and surplus end of reporting period (Line 33 plus 48)	13,308,439	16,533,009	21,297,041
	DETAILS OF WRITE-INS			
4701.	Correction of prior year federal income tax	(1,037,092)		
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	(1,037,092)	0	0

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.			0	0
2.	Net investment income	128,125	126,355	263,240
3.	Miscellaneous income	18,907	19,830	48,312
4.	Total (Lines 1 to 3)	147,032	146, 185	311,552
5.	Benefit and loss related payments	0	0	0
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	(2,544,626)	5,568,240	(8,028,283)
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	601,737	1,297,688	2,639,169
10.	Total (Lines 5 through 9)	(1,942,889)	6,865,928	(5,389,114)
11.	Net cash from operations (Line 4 minus Line 10)	2,089,922	(6,719,743)	5,700,666
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds		0	0
			0	0
		0		0
	12.4 Real estate		0	0
			0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	0	0	0
			0	0
			0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0	0
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
	16.5 Dividends to stockholders	10,000,000	0	0
	16.6 Other cash provided (applied)	(1,077,638)	119,164	249,991
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(11,077,638)	119,164	249,991
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.		(8,987,717)	(6,600,579)	5.950 656
19.	Cash, cash equivalents and short-term investments (Line 11, plus Lines 13 and 17)			
13.	19.1 Beginning of year	4,453,508	(1 497 149)	(1,497,149)
	19.2 End of period (Line 18 plus Line 19.1)	(4,534,209)	(8,097,728)	

Note: Supplemental disclosures of cash flow information for non-cash transactions:		
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Exhibit of Premiums, Enrollment and Utilization $N\ O\ N\ E$

Claims Payable - Aging Analysis of Unpaid Claims $N\ O\ N\ E$

Underwriting and Investment Exhibit $N\ O\ N\ E$

NOTES TO FINANCIAL STATEMENTS

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2015. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of HealthLink HMO, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement* Instructions and in accordance with accounting practices prescribed or permitted by the State of Missouri Department of Insurance (the "Department"), specifically; limitations are placed on intercompany receivable balances.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed by the Department is shown below:

	State of Domicile	June 30, 2016	December 31, 2015
Net Income			
(1) HealthLink HMO, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	Missouri	\$ 3,045,234	\$ 7,811,973
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:			
(3) State Permitted Practices that increase/(decrease) NAIC SAP:			
(4) NAIC SAP (1-2-3=4)	Missouri	\$ 3,045,234	\$ 7,811,973
<u>Surplus</u>			
(5) HealthLink HMO, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	Missouri	\$ 13,308,439	\$ 21,297,041
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: Nonadmittance of amounts due from affiliates pursuant to 382.195 of Missouri Revised Statutes effective August 28, 2005.	Missouri		
(7) State Permitted Practices that increase/(decrease) NAIC SAP:			
(8) NAIC SAP (5-6-7=8)	Missouri	\$ 13,308,439	\$ 21,297,041

B. Use of Estimates in the Preparation of the Financial Statements

No significant change.

C. Accounting Policies

- (1) (5) No significant change.
- (6) Loan-backed securities Not applicable.
- (7) (14) No significant change.

D. Going Concern

Not applicable.

NOTES TO FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors

The Company made a 2015 Annual Statement correction in its December 31, 2015 Audited Financial Statement (Note 10) to increase federal income tax payable and income tax expense by \$1,037,092. This amount will be settled by September 30, 2016 as part of the income tax provision to actual return adjustment when Anthem, Inc. files its Consolidated Income Tax Return with the Internal Revenue Service by the federal extension due date of September 30, 2016. The Company's federal income tax payable within Page 3, Line 10.1 includes this outstanding income tax payable at June 30, 2016.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

5. Investments

A. - C.

Not applicable.

D. Loan-Backed Securities

The Company did not have loan-backed securities at June 30, 2016.

E. -G.

Not applicable.

H. Restricted Assets

No significant change.

I. Working Capital Finance Investments

Not applicable.

J. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at June 30, 2016.

K. Structured Notes

Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

No significant change.

NOTES TO FINANCIAL STATEMENTS

8. Derivative Instruments

Not applicable.

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship

On July 24, 2015, the Company's ultimate parent company, Anthem, Inc. ("Anthem"), and Cigna Corporation ("Cigna") entered into an Agreement and Plan of Merger dated as of July 23, 2015, by and among Anthem, Cigna and Anthem Merger Sub Corp., a Delaware corporation and a direct wholly-owned subsidiary of Anthem, pursuant to which Anthem will acquire all outstanding shares of Cigna. The acquisition is subject to certain state regulatory approvals, standard closing conditions and customary approvals required under the Hart-Scott-Rodino Antitrust Improvements Act.

Subsequent to June 30, 2016, the U.S. Department of Justice, along with certain state attorneys general, filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia seeking to block the acquisition. Anthem intends to vigorously defend the acquisition in this litigation and remains committed to completing the acquisition as soon as practicable.

B-C.

No significant change.

D. Amounts Due To or From Related Parties

At June 30, 2016, the Company reported \$225,738 due from affiliates and \$21,361 due to affiliates. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. - L.

No significant change.

11. Debt

Not applicable.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

Not applicable.

- **B.** Not applicable.
- **C.** Not applicable.
- **D.** Not applicable.

NOTES TO FINANCIAL STATEMENTS

E. Defined Contribution Plan

Not applicable.

F. Multiemployer Plan

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

No significant change.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

14. Contingencies

In March 2016, Anthem, Inc. ("Anthem") filed a lawsuit against its vendor for pharmacy benefit management services, captioned Anthem, Inc. v. Express Scripts, Inc., in the U.S. District Court for the Southern District of New York. The lawsuit seeks to recover damages for pharmacy pricing that is higher than competitive benchmark pricing, damages related to operational breaches and seeks various declarations under the agreement between the parties. Anthem's suit asserts that Express Scripts, Inc.'s ("Express Scripts") current pricing exceeds the competitive benchmark pricing required by the agreement over the remaining term of the agreement and through the post-termination transition period. Further, Anthem believes that Express Scripts' excessive pricing has caused Anthem to lose existing customers and prevented the Company from gaining new business. In addition to the amounts associated with competitive benchmark pricing, Anthem is seeking damages associated with operational breaches incurred to date, together with a declaratory judgment that Express Scripts: (1) breached its obligation to negotiate in good faith and to agree in writing to new pricing terms; (2) is required to provide competitive benchmark pricing to Anthem through the term of the agreement; (3) has breached the agreement, and that Anthem can terminate the agreement either due to Express Scripts' breaches or because Anthem has determined that Express Scripts' performance with respect to the delegated Medicare Part D functions has been unsatisfactory; and (4) is required under the agreement to provide post-termination services, at competitive benchmark pricing, for one year following any termination. In April 2016, Express Scripts filed an answer to the lawsuit disputing Anthem's contractual claims and alleging various defenses and counterclaims. Express Scripts contends that Anthem breached the agreement by failing to negotiate proposed new pricing terms in good faith and that Anthem breached the implied covenant of good faith and fair dealing by disregarding the terms of the transaction. In addition, Express Scripts is seeking declaratory judgments: (1) regarding the timing of the periodic pricing review under the agreement; (2) that it has no obligation to ensure that Anthem receives any specific level of pricing, that Anthem has no contractual right to any change in pricing under the agreement and that its sole obligation is to negotiate proposed pricing terms in good faith; and (3) that Anthem does not have the right to terminate the agreement. In the alternative, Express Scripts claims that Anthem has been unjustly enriched by its payment of \$4.675 billion at the time of the agreement. Anthem believes that Express Scripts' defenses and counterclaims are without merit. Anthem intends to vigorously pursue these claims and defend against any counterclaims; however, the ultimate outcome cannot be presently determined.

NOTES TO FINANCIAL STATEMENTS

Anthem and Express Scripts were also named as defendants in a purported class action lawsuit filed in June 2016 in the Southern District of New York by three members of ERISA plans alleging ERISA violations. The lawsuit is captioned Karen Burnett, Brendan Farrell, and Robert Shullich, individually and on behalf of all others similarly situated v. Express Scripts, Inc. and Anthem, Inc. The lawsuit is purportedly filed on behalf of participants in, or beneficiaries of, ERISA governed employee welfare benefit plans from December 1, 2009 to the present who received prescription drug benefits under an Anthem plan provided through an agreement with Express Scripts. The complaint alleges that Express Scripts violated ERISA by overcharging Plaintiffs and the proposed class for percentage based copays based on prescription drug charges that are higher than competitive prices. Plaintiffs allege that Anthem is an ERISA fiduciary and breached its fiduciary obligations by (i) entering into an agreement with Express Scripts that was imprudent and not in the best interests of the members of the proposed class but enriched Anthem and granted to Express Scripts excessive discretion to set prescription drug prices, and (ii) failing to properly monitor and prevent Express Scripts from overcharging Plaintiffs and the proposed class for copays. The complaint asserts seven claims for relief under ERISA, four of which are asserted against Anthem. Plaintiffs seek to recover all losses suffered by the proposed class, equitable relief, disgorgement of alleged ill-gotten gains, injunctive relief, joint and several liability, attorney's fees and costs and interest. Anthem intends to vigorously defend this suit; however, its ultimate outcome cannot be presently determined.

15. Leases

Not applicable.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

- 1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
- 2. At June 30, 2016, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only Plans ("ASO")

No significant change.

NOTES TO FINANCIAL STATEMENTS

B. Administrative Services Contract Plans ("ASC")

No significant change.

C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

Not applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

20. Fair Value Measurements

A. There are no assets or liabilities measured at fair value as of June 30, 2016.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

C. Financial Instruments

						Not
						Practicable
	Aggregate	Admitted				(Carrying
Type of Financial Instrument	Fair Value	Assets	(Level 1)	(Level 2)	(Level 3)	Value)
Bonds	\$15,282,311	\$ 14,946,269	\$11,767,720	\$ 3,514,591	\$ -	\$ -
Short-term investments	492 496	492 496	492 496	_	_	_

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate fair value.

21. Other Items

No significant change.

22. Events Subsequent

Subsequent events have been considered through August 12, 2016 for the statutory statement issued on August 12, 2016. Other than the acquisition related item discussed in Note 10A, there were no other events occurring subsequent to June 30, 2016 requiring recognition or disclosure.

23. Reinsurance

Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

Not applicable.

NOTES TO FINANCIAL STATEMENTS

E. Risk-Sharing Provision of the Affordable Care Act ("ACA")

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

No

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Not applicable.

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Not applicable.

26. Intercompany Pooling Arrangements

Not applicable.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

No significant change.

29. Participating Policies

Not applicable.

30. Premium Deficiency Reserves

Not applicable.

31. Anticipated Subrogation and Other Recoveries

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?] No [)	(]
1.2	If yes, has the report been filed with the domiciliary state?] No []
2.1	Has any change been made during the year of this statement in the c reporting entity?						Yes [] No [)	(]
2.2	If yes, date of change:								
3.1	Is the reporting entity a member of an Insurance Holding Company Sy is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.	ystem consisting of two	or more affiliated	I persons, one or r	nore of wh	ich	Yes [X] No []
3.2	Have there been any substantial changes in the organizational charts	since the prior quarter e	nd?				Yes [] No [)	(]
3.3	If the response to 3.2 is yes, provide a brief description of those change	ges.							
4.1	Has the reporting entity been a party to a merger or consolidation du	ring the period covered	by this statemen	t?			Yes [] No [)	(]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state ceased to exist as a result of the merger or consolidation.	e of domicile (use two le	etter state abbrev	iation) for any enti	y that has				
	1 Name of Entity	NAIC	2 Company Code	3 State of Domic	le				
5.	If the reporting entity is subject to a management agreement, includin in-fact, or similar agreement, have there been any significant change If yes, attach an explanation.	g third-party administra	tor(s), managing of the agreement	general agent(s), or principals invol	attorney- /ed?	Yes [] No [X] N/A	[]
6.1	State as of what date the latest financial examination of the reporting	entity was made or is b	eing made				12/	31/2013	
6.2	State the as of date that the latest financial examination report became date should be the date of the examined balance sheet and not the						12/	31/2012	
6.3	State as of what date the latest financial examination report became a the reporting entity. This is the release date or completion date of the date).	e examination report ar	nd not the date of	the examination (palance sh	eet	12/	26/2013	
6.4 6.5	By what department or departments? Missouri Department Of Insurance Have all financial statement adjustments within the latest financial exastatement filed with Departments?					Yes [] No [] N/A	[X]
6.6	Have all of the recommendations within the latest financial examination	on report been complie	d with?			Yes [] No [] N/A	[X]
7.1	Has this reporting entity had any Certificates of Authority, licenses or revoked by any governmental entity during the reporting period?						Yes [] No [)	(]
7.2	If yes, give full information:								
8.1	Is the company a subsidiary of a bank holding company regulated by	the Federal Reserve B	oard?				Yes [] No [)	(]
8.2	If response to 8.1 is yes, please identify the name of the bank holding	company.							
8.3	Is the company affiliated with one or more banks, thrifts or securities to	firms?					Yes [] No [)	(]
8.4	If response to 8.3 is yes, please provide below the names and locatio regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commission (FDIC) and the Securities (FDIC) and the Secur	ne Office of the Comptr	oller of the Curre	ncy (OCC), the Fe	deral Depo				
	1	1	2	3	4	5	6		
	Affiliate Name	Location	(City, State)	FRB	OCC	FDIC	SEC		
				1			1	i	

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [X] No []
9.11	If the response to 9.1 is No, please explain:	
9.2	Has the code of ethics for senior managers been amended?	Yes [X] No []
9.21	If the response to 9.2 is Yes, provide information related to amendment(s). The Anthem Standards of Ethical Business Conduct applies to all associates, management, officers and directors of Anthem. In June 2016 the code of conduct was revised for the following: a) updated Gift policy (offering) to address new Finance policy prohibiting offering gift cards, unless an approved wellness program; b) added a new section on Telephone Consumer Protection Act: c) added a new section on Non-discrimination under the Affordable Care Act (ACA) since we had a section on non-discrimination for government business.	
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 9.3 is Yes, provide the nature of any waiver(s).	Yes [] No [X]
	FINANCIAL	
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$\text{\$\sum_{\text{amounts}}\$}\$	
	INVESTMENT	
	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes [] No [X]
12. 13.	Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments:	
14.1 14.2	If yes, please complete the following:	
	1 Prior Year-End Book/Adjusted 	2 Current Quarter Book/Adjusted Carrying Value
	Bonds	\$
	Preferred Stock	\$
	Common Stock	\$
	Short-Term Investments	\$
	Mortgage Loans on Real Estate	\$
	All Other	\$
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above\$	\$
	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [] No []

GENERAL INTERROGATORIES

16.		\$0 \$0 _\$0				
17. 17.1	Excluding items in Schedule E - Part 3 - S offices, vaults or safety deposit boxes, w custodial agreement with a qualified ban Outsourcing of Critical Functions, Custo For all agreements that comply with the re	•				
	1 Name of Custo	dian(e)		Custo	2 dian Address	
	Bank of New York Mellon Corporation		New York, NY	Custo	ulan Address	
17.2	For all agreements that do not comply wit location and a complete explanation:	h the requirements of the NAIC	Financial Cond	dition Examiners Har	ndbook, provide the name,	
	Name(s)	Location(s)		Compl	lete Explanation(s)	
17.3 17.4	Have there been any changes, including a lf yes, give full information relating thereto	9 .	n(s) identified in	17.1 during the curr	ent quarter?	Yes [] No [X]
	1	2		3	4	
	Old Custodian	New Custodian	Date	of Change	Reason	
17.5	Identify all investment advisors, brokers/d handle securities and have authority to r					uts,
	1 Central Registration Depository	2 Name(s)			3 Address	
			LC	Oak Brook, IL	, tudi 000	
18.1 18.2	Have all the filing requirements of the Pur If no, list exceptions:	poses and Procedures Manual	of the NAIC Inv	vestment Analysis O	ffice been followed?	

GENERAL INTERROGATORIES

PART 2 - HEALTH

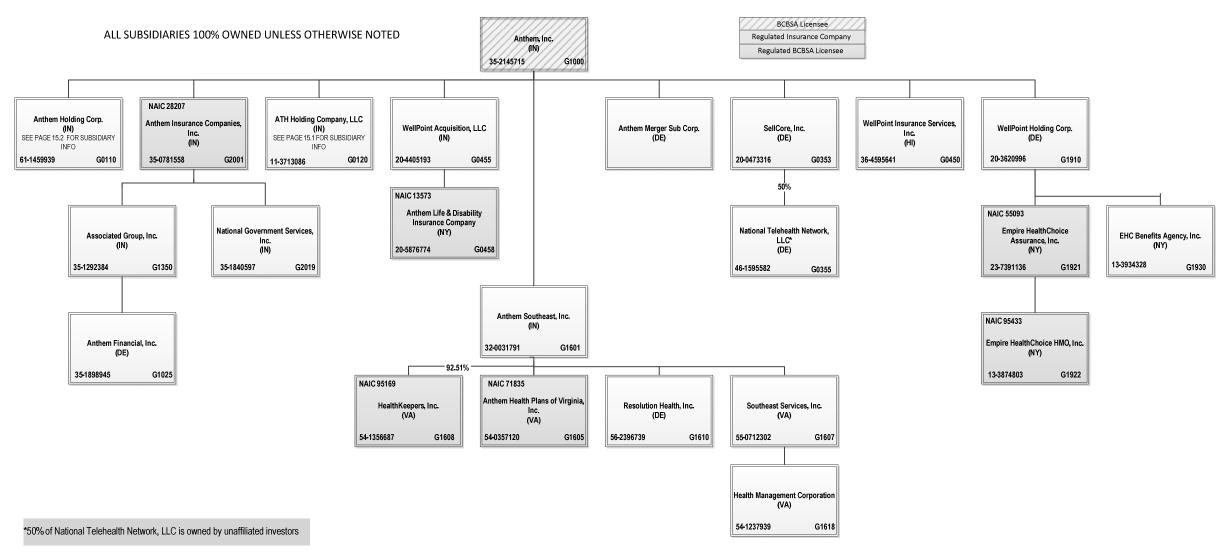
1. Operating Percentages:

	1.1 A&H loss percent	0.0 %
	1.2 A&H cost containment percent	0.0 %
	1.3 A&H expense percent excluding cost containment expenses	0.0 %
2.1	Do you act as a custodian for health savings accounts?	Yes [] No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date\$	
2.3	Do you act as an administrator for health savings accounts?	Yes [] No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date\$	

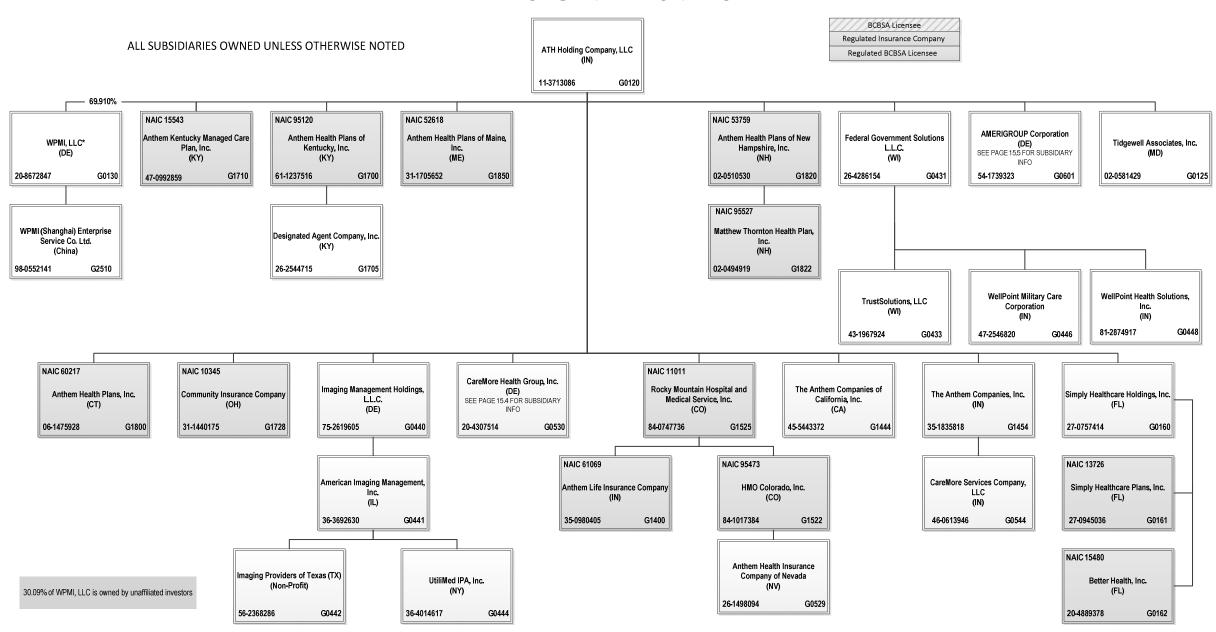
Schedule S - Ceded Reinsurance NONE

Schedule T - Premiums and Other Considerations $N\ O\ N\ E$

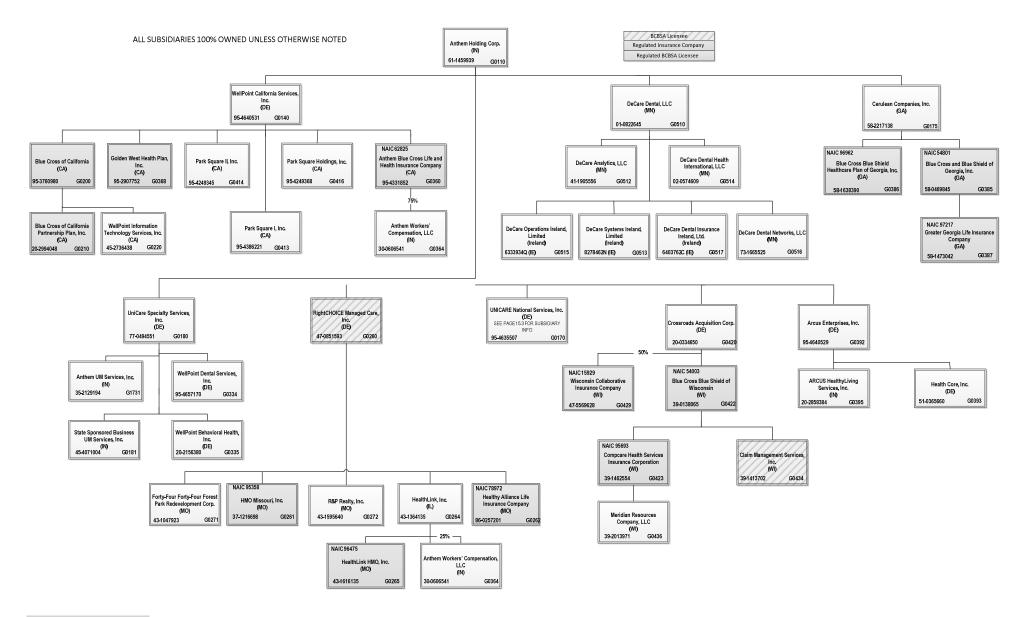
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART

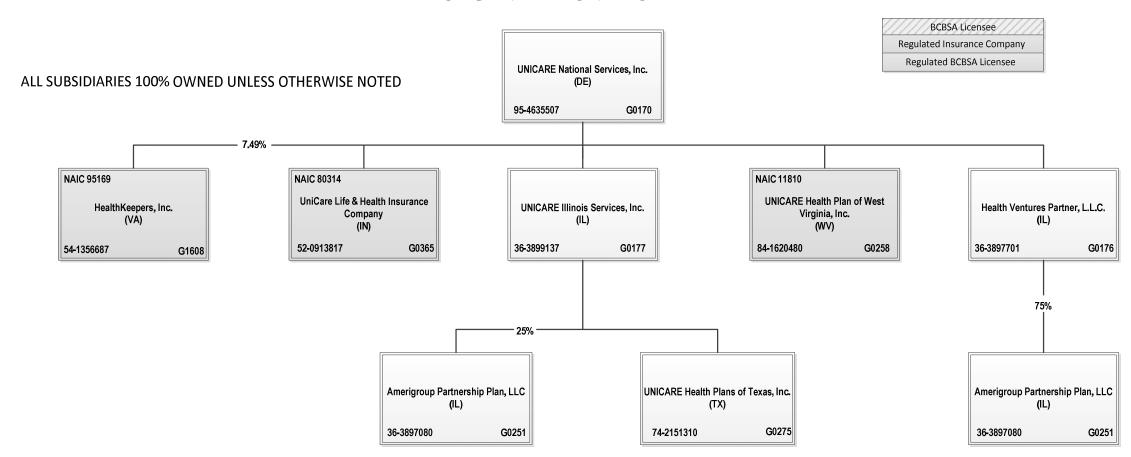


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART

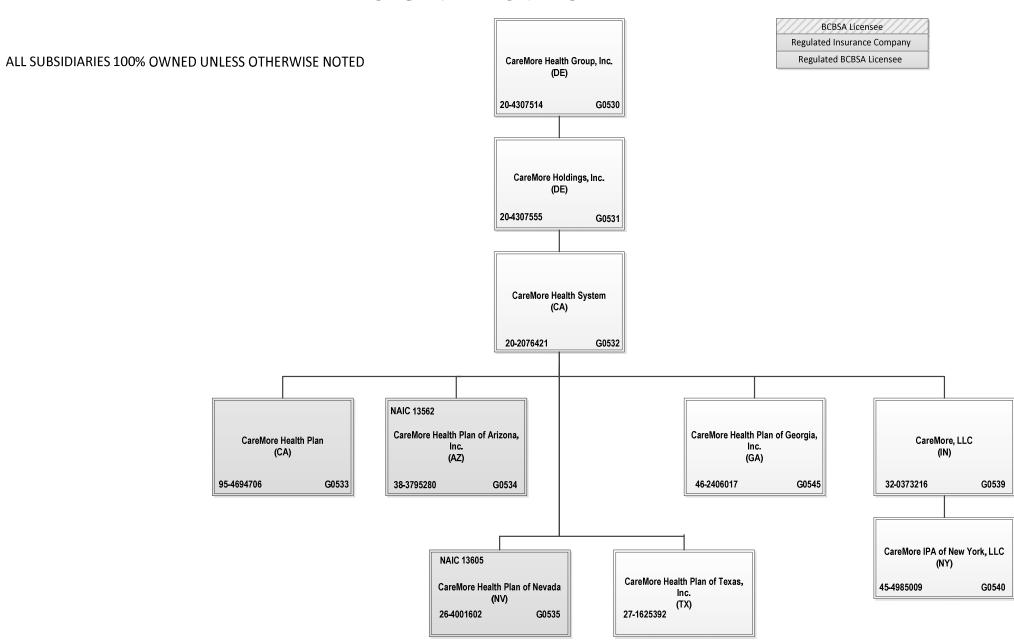


50% of Wisconsin Collaborative Insurance Company is owned by unaffiliated investors

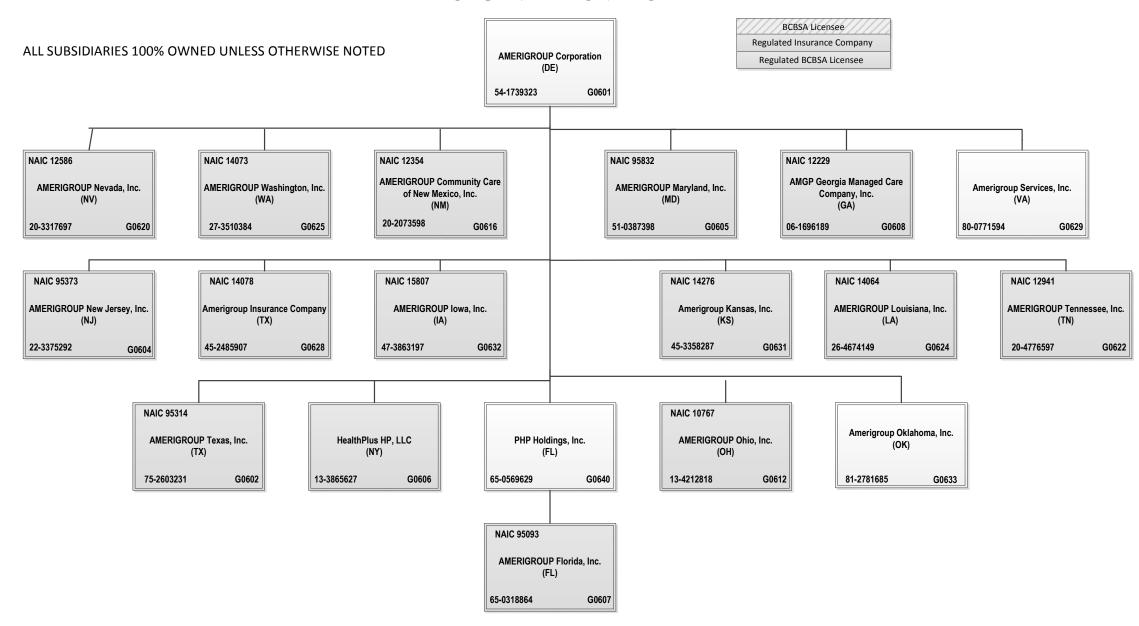
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



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SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y

				ГАІ	1 1 /	4 - DEIAIL	. OF INSURANCE		/LUII	AG COMPANT				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
											Type	If		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NIAIG					Names of		- 1					
•		NAIC	ID.	F		if Publicly Traded	Names of	ciliary	to	Discoult Constants to	Attorney-in-Fact,	Provide	1.1115	
Group		Company	ID.	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
0671	Anthem, Inc.		36-3692630				American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C	Ownership	100.000	Anthem, Inc.	
							AMERIGROUP Community Care of New Mexico,							
0671	Anthem, Inc.	12354	20-2073598				Inc	NM	I A	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		54-1739323				AMERIGROUP Corporation	DE	NI A	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95093	65-0318864				AMERIGROUP Florida, Inc.	FL	IA	PHP Holdings, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	14078	45-2485907				Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem. Inc.	15807	47-3863197				AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem. Inc.	
0671	Anthem. Inc.	14276	45-3358287				Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem. Inc.		26-4674149				AMERIGROUP Louisiana. Inc.	LA	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem. Inc.	
0671	Anthem. Inc.		51-0387398	1			AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership.	. 100.000	Anthem. Inc.	
0671	Anthem. Inc.	12586	20-3317697	1			AMERIGROUP Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership.	. 100.000	Anthem, Inc.	
0671	Anthem, Inc.		22-3375292				AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	
0671	Anthem, Inc.		13-4212818				AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	. 100.000	Anthem, Inc.	
0671	Anthem, Inc.		81-2781685				AMERIGROUP Oklahoma, Inc.	OK	NIA	AMERIGROUP Corporation	Ownership	. 100.000	Anthem, Inc.	
0671	Anthem. Inc.		36-3897080				Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000		
	, , , , , , , , , , , , , , , , , ,		36-3897080										Anthem, Inc.	
0671	Anthem, Inc.						Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	Anthem, Inc.	
0671	Anthem, Inc.		80-0771594				Amerigroup Services, Inc.	VA	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-4776597				AMERIGROUP Tennessee, Inc.	TN	I A	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		75-2603231				AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc	
0671	Anthem, Inc.	14073	27-3510384				AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12229	06-1696189				AMGP Georgia Managed Care Company, Inc	GA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
							Anthem Blue Cross Life and Health							
0671	Anthem, Inc.	62825	95-4331852				Insurance Company	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1898945				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		26-1498094				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95120	61-1237516				Anthem Health Plans of Kentucky, Inc	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	52618	31-1705652				Anthem Health Plans of Maine, Inc.	ME	I A	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
							Anthem Health Plans of New Hampshire, Inc.				·		,	
0671	Anthem, Inc.	53759	02-0510530					NH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	
0671	Anthem. Inc.	71835	54-0357120	40003317			Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	60217	06-1475928				Anthem Health Plans, Inc.	CT	I A.	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	
0671	Anthem, Inc.		61-1459939				Anthem Holding Corp.	IN	UIP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
	,		1	1		New York Stock Exchange							,	
0671	Anthem. Inc.		35-2145715	1	6324	(NYSE)	Anthem. Inc.	IN	UIP				Anthem. Inc.	
0671	Anthem. Inc.	28207	35-0781558	1	5527	. (ITIOL)	Anthem Insurance Companies, Inc.	IN	IA	Anthem. Inc.	Ownership	100.000	Anthem. Inc.	
0671	Anthem, Inc.	15543	47-0992859				Anthem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	
۱۱۰۰		10040	-1-0332039		-		Anthem Life & Disability Insurance Company		ı n	ATT HOTOTHY COMPANY, LLC	σπισι σπιμ		Zartinelli, IIIO.	
0671	Anthem. Inc.	13573	20-5876774	1			Anthem Life α Disability Hisurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	.100.000	Anthem. Inc.	
1 / 100/ 1	AITTHEIII, THE.	133/3	20-38/8//4					INT	IA	Rocky Mountain Hospital and Medical	Owner Strip		Antinelli, Inc.	
0074	Anthem. Inc.	61069	35-0980405	1			Anthon Life Incomes Comment	IN	1.4	Service. Inc.	Ownership	100.000	Anthem. Inc.	
0671			30-0980405				Anthem Life Insurance Company		IA					
0671	Anthem, Inc.				-	-	Anthem Merger Sub Corp.	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		32-0031791	-	-		Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	.	35-2129194	-	.		Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc	Ownership	100.000	Anthem, Inc.	
				1						Anthem Blue Cross Life and Health				
0671	Anthem, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NI A	Insurance Company	Ownership	75.000	Anthem, Inc.	
0671	Anthem, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4640529				Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp	Ownership	100.000	Anthem, Inc.	
<u></u> 0671	Anthem, Inc.		20-2858384 .	.			ARCUS HealthLiving Services, Inc.	IN	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1292384	.			Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		11-3713086	.]	.		ATH Holding Company, LLC	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem. Inc.	15480	20-4889378	.1	.		Better Health, Inc.	FL	IA	Simply Healthcare Holdings, Inc.	Ownership		Anthem. Inc.	

SCHEDULE Y

				PAR	(I IA	- DE I AIL	. OF INSURANCE		ノレレロ	ING COMPAINT S				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
											Type	If		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting		Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
							Blue Cross and Blue Shield of Georgia,							
0671	Anthem, Inc.	54801	. 58-0469845 .				Inc	GA	IA	Cerulean Companies, Inc	Ownership	100.000	Anthem, Inc.	
							Blue Cross Blue Shield Healthcare Plan of							
0671	Anthem, Inc.	96962	58-1638390 .				Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	54003	. 39-0138065 .				Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-3760980 .				Blue Cross of California	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	0101 .
0074			20-2994048				Blue Cross of California Partnership Plan,			B1 0 (0.11)		100 000		0400
0671	Anthem, Inc.						Inc.	CA	IA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	0102 .
0671 0671	Anthem, Inc.	-	20-4307514 ₋ 95-4694706		-		CareMore Health Group, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	0103
ม6/1 0671	Anthem, Inc.	13562	. 95-4694706 . . 38-3795280 .				CareMore Health Plan of Arizona. Inc.	CA AZ	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	
1700 0671	Anthem, Inc.		. 38-3795280 . . 46-2406017 .				CareMore Health Plan of Georgia, Inc	AZ GA	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	
0671	Anthem. Inc.		26-4001602				CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership		Anthem, Inc.	
0671	Anthem, Inc.		27-1625392				CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	. 100.000	Anthem, Inc.	
0671	Anthem. Inc.		20-4307555				CareMore Holdings, Inc.	DE	NIA	CareMore Health Group, Inc.	Ownership	100.000	Anthem. Inc.	
0671	Anthem. Inc.		45-4985009				CareMore IPA of New York, LLC	NY	NIA	CareMore LLC	Ownership	100.000	Anthem. Inc.	
0671	Anthem, Inc.		32-0373216				CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	Anthem. Inc.	
0671	Anthem. Inc.		20-2076421				CareMore Health System	CA	NIA	CareMore Holdings, Inc.	Ownership.	100.000	Anthem, Inc.	
0671	Anthem, Inc.		46-0613946				CareMore Services Company, LLC	IN	NIA	The Anthem Companies, Inc.	Ownership.	100.000	Anthem. Inc.	
0671	Anthem. Inc.		58-2217138				Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership.	100.000	Anthem. Inc.	
0671	Anthem. Inc.		39-1413702				Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem. Inc.	
0671	Anthem. Inc.	10345	31-1440175				Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	
	,						Compcare Health Services Insurance			3 1 7 7 7				
0671	Anthem, Inc.	95693	39-1462554				Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-0334650				Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		41-1905556				DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		02-0574609				DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.						DeCare Dental Insurance Ireland, Ltd	JRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		73-1665525 .				DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 01-0822645 .				DeCare Dental, LLC	MN	NIA	Anthem Holding Corp	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.						DeCare Operations Ireland, Limited	JRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
<u></u> 0671	Anthem, Inc.						DeCare Systems Ireland, Limited	JRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
<u></u> 0671	Anthem, Inc.		26-2544715 .				Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		13-3934328				EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	55093	23-7391136				Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95433	. 13-3874803 .				Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		26-4286154 .				Federal Government Solutions, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0074	Auditor Inc.		40 4047000				Forty-Four Forty-Four Forest Park	uc.	N/ - 4	District Oliotor Name and O	0	100 000	Audhan Inc	
0671	Anthem, Inc.		43-1047923				Redevelopment Corp.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-2907752 .				Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	0104 .
0674	Anthem. Inc.	97217	58-1473042				Creater Coordin Life I C	GA	1.4	Blue Cross and Blue Shield of Georgia,	Ownership	100,000	Anthem. Inc.	
<u>0</u> 671 0671	Anthem, Inc.	9/21/	. 58-14/3042 ₋ . 51-0365660 ₋		-		Greater Georgia Life Insurance Company	GA DE	IA NIA	IncArcus Enterprises. Inc.	Ownership	100.000	Anthem, Inc.	
06/1 0671	Anthem, Inc.		51-0365660 . 54-1237939 .				Health Core, Inc.	VA	NIA NIA		Ownership	100.000	Anthem, Inc.	
96/1 0671	Anthem, Inc.		. 54-1237939 . . 36-3897701 .				Health Management Corporation	IVA	NIA NIA	Southeast Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671 0671	Anthem, Inc.	95169	. 36-3897701 . . 54-1356687 .				Health Ventures Partner, L.L.C	VA	NIA IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem. Inc.	95169	. 54-1356687 . . 54-1356687 .				HealthKeepers, Inc.	VA	IA	UNICARE National Services. Inc.	Ownership	7.490	Anthem. Inc.	
0671	Anthem, Inc.		43-1616135				HealthLink HMO, Inc.	VA MO	IA RE	HealthLink. Inc.	Ownership	100.000	Anthem. Inc.	
0671	Anthem. Inc.	904/5	43-1616135 .				HealthLink, Inc.	MU IL	KE	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	-	13-3865627				HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	0100
0671	Anthem, Inc.	78972	86-0257201				Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
ו/טע	TAILUEII, IIIC.		. UZ16ZU-UU		-		INCALLITY ATTIANCE LITE INSULANCE COMPANY	IVIU	I A	nighto⊓ulo⊑ mahaged bare, inc	. UWING SITTP	. 100.000	4 ATTURENT, THE.	

SCHEDULE Y

				FAR	I IA-DEIA	L OF INSURANCE	= nv	JLDI	ING COMPAINT S	O I O I E IVI			
1	2	3	4	5	6 7	8	9	10	11	12	13	14	15
										Type	If		
										of Control	Control		
										(Ownership,	is		
					Name of Securities	S		Relation-		Board,	Owner-		
					Exchange		Domi-	ship		Management,	ship		
		NAIC			if Publicly Tradeo		ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal	(U.S. or	Parent, Subsidiaries	Loca-	Reporting		Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
									Rocky Mountain Hospital and Medical				
0671	Anthem, Inc.		. 84-1017384 .			HMO Colorado, Inc.	CO	I A	Service, Inc.	Ownership	100.000	Anthem, Inc	
0671	Anthem, Inc.	95358	. 37-1216698 .			HMO Missouri, Inc	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 75-2619605 .			Imaging Management Holdings, L.L.C	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc	
0671	Anthem, Inc.		. 56-2368286 .			Imaging Providers of Texas (non-profit)	TX	NIA	American Imaging Management, Inc	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95527	02-0494919			Matthew Thornton Health Plan, Inc	NH	IA	Inc.	Ownership	100.000	Anthem, Inc.	
									Compcare Health Services Insurance				
0671	Anthem, Inc.	.	39-2013971			Meridian Resource Company, LLC	WI	NIA	Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1840597			National Government Services, Inc	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		46-1595582 .			National Telehealth Network, LLC	DE	NIA	Sellcore, Inc.	Ownership	50.000	Anthem, Inc.	0105
0671	Anthem, Inc.		95-4249368 .			Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 95-4386221 .			Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4249345 .			Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		65-0569629			PHP Holdings, Inc.	FL	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		43-1595640			R & P Realty, Inc.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		56-2396739			Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		47-0851593			RightCHOICE Managed Care, Inc	DE	UIP	Anthem Holding Corp	Ownership	100.000	Anthem, Inc.	
						Rocky Mountain Hospital and Medical							
0671	Anthem, Inc.	11011	. 84-0747736 .			Service, Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 20-0473316 .			SellCore, Inc.	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 27-0757414 .			Simply Healthcare Holdings, Inc	FL	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		27-0945036 .			Simply Healthcare Plans, Inc	FL	IA	Simply Healthcare Holdings, Inc	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		55-0712302 .			Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	
						State Sponsored Business UM Services, Inc							
0671	Anthem, Inc.		45-4071004 .				IN	NIA	UNICARE Specialty Services, Inc	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 35-1835818 .			The Anthem Companies, Inc	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc	
0671	Anthem, Inc.		. 45-5443372 .			The Anthem Companies of California, Inc	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc	
0671	Anthem, Inc.		. 02-0581429 .			Tidgewell Associates, Inc.	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 43-1967924 .			TrustSolutions, LLC	WI	NIA	Government Health Services, LLC	Ownership	100.000	Anthem, Inc.	
						UNICARE Health Plan of West Virginia, Inc							
0671	Anthem, Inc.	11810	. 84-1620480 .				WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		74-2151310			UNICARE Health Plans of Texas, Inc	TX	NIA	UNICARE Illinois Services, Inc.	Ownership	. 100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-3899137			UNICARE Illinois Services, Inc	L	NIA	UNICARE National Services, Inc	Ownership	100.000	Anthem, Inc	
0671	Anthem, Inc.		. 52-0913817 .			UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc	Ownership	100.000	Anthem, Inc	
0671	Anthem, Inc.		95-4635507 .			UNICARE National Services, Inc	DE	NIA	Anthem Holding Corp	Ownership	100.000	Anthem, Inc	
0671	Anthem, Inc.		. 77-0494551 .			UNICARE Specialty Services, Inc	DE	NIA	Anthem Holding Corp	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 36-4014617 .			UtiliMED IPA, Inc	NY	NIA	American Imaging Management, Inc	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 20-4405193 .			WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 20-2156380 .			WellPoint Behavioral Health, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4640531			WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	.	95-4657170			WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		81-2874917			WellPoint Health Solutions, Inc	DE	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 20-3620996 .			WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
						WellPoint Information Technology Services							
0671	Anthem, Inc.		. 45-2736438 .			Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		. 36-4595641 .			WellPoint Insurance Services, Inc	HI	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		47-2546820 .			WellPoint Military Care Corporation	IN	NIA	Government Health Services, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	15929	47-5569628 .			Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	50.000	Anthem, Inc.	0107 .
						WPMI (Shanghai) Enterprise Service Co.							
0671	Anthem, Inc.	.	98-0552141 .			Ltd	CHN	NIA	WPMI, LLC	Ownership	. 100.000	Anthem, Inc.	

SCHEDULE Y

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
											Туре	lf		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
0671	Anthem, Inc.		20-8672847 .				WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	69.910	Anthem, Inc	0106

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the New York State Department of Health.
0101	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Compnay Code in column 3 because it is regulated by the California Department of Managed Health Care.
0103	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0104	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
	50% owned by unaffiliated investors
0106	30.09% owned by unaffiliated investors
0107	50% owned by unaffiliated investors

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

			Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with the NAIC with the state of domicile and the NAIC with the state of domicile and the NAIC with the state of domicile and the NAIC with t	this statement?	NO
	Explanation:		
1.			
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]		

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted arrying the		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	-	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in trest political and ammitmer dees		
9.	Total foreign exchange change in book value/recorded investment exchange accrued interest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	14,950,215	14,957,848
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount	2,847	5,661
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	6,793	13,294
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	14,946,269	14,950,215
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	14,946,269	14,950,215

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation Book/Adjusted Book/Adjusted Book/Adjusted Book/Adjusted Book/Adjusted Carrying Value Acquisitions Dispositions Non-Trading Activity Carrying Value Carrying Value Carrying Value Carrying Value Beginning During During During End of End of End of December 31 NAIC Designation of Current Quarter Current Quarter Current Quarter Current Quarter First Quarter Second Quarter Third Quarter Prior Year BONDS .14,205,911 ...111,457 ...(1,985) .14,205,911 .. 14,315,216 .14,198,427 1. NAIC 1 (a)1,123,550 ..1,123,550 .1,123,550 ..1, 123, 550 2. NAIC 2 (a) 4. NAIC 4 (a) 5. NAIC 5 (a) ... 0 6. NAIC 6 (a) .. 167 7. Total Bonds 15,329,461 111,457 (1.985)15,329,461 15,438,766 15,321,977 PREFERRED STOCK 8. NAIC 1 10. NAIC 3 0 11. NAIC 4 12. NAIC 5 0 13. NAIC 6 0 0 0 14. Total Preferred Stock

a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$

111.457

167

15.329.461

15.438.766

(1,985)

15,321,977

15.329.461

NAIC 4 \$; NAIC 5 \$.....; NAIC 6 \$.....

15. Total Bonds and Preferred Stock

SCHEDULE DA - PART 1

Short-Term Investments

Onor Torri investments								
	1	2	3	4	5			
					Paid for			
	Book/Adjusted			Interest Collected	Accrued Interest			
	Carrying Value	Par Value	Actual Cost	Year-to-Date	Year-to-Date			
	400 400		400 400					
9199999 Totals	492 496	XXX	492 496	()	() [

SCHEDULE DA - VERIFICATION

Short-Term Investments

	Snort-Term Investments	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	371,762	120,856
2.	Cost of short-term investments acquired	120,986	251,408
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	252	502
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	492,496	371,762
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	492,496	371,762

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open $N\ O\ N\ E$

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

Schedule E - Verification - Cash Equivalents

NONE

Schedule A - Part 2 - Real Estate Acquired and Additions Made NONE

Schedule A - Part 3 - Real Estate Disposed NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open \overline{N} \overline{O} \overline{N} \overline{E}

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By $\stackrel{\textstyle \bullet}{\mathsf{N}} \stackrel{\textstyle \bullet}{\mathsf{O}} \stackrel{\textstyle \bullet}{\mathsf{N}} \stackrel{\textstyle \bullet}{\mathsf{E}}$

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
			Amount of	Amount of	6	7	8	1
			Interest Received	Interest Accrued	-			
		Rate of	During Current	at Current				
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
Bank of America Los Angeles, CA					5,886,754	(14,755,547)	(5,026,705)	XXX
0199998. Deposits in depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						xxx
, , , , , ,	XXX	XXX	0	0	5,886,754	(14,755,547)	(5,026,705)	
0199999. Totals - Open Depositories 0299998. Deposits in depositories that do not exceed the allowable limit in any one depository (See			0	0	5,000,734	(14,755,547)		
instructions) - Suspended Depositories	XXX	XXX					0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	5,886,754	(14,755,547)	(5,026,705)	_
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
	· · · · · · · · · · · · · · · · · · ·							
	·····							
	·							
								
	-							
0599999. Total - Cash	XXX	XXX	0	0	5,886,754	(14,755,547)	(5,026,705)	XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter $N\ O\ N\ E$